

To:  
Case Management  
Providers  
HMOs and Other  
Managed Care  
Programs

## Rate Changes for Case Management Services

This *Wisconsin Medicaid and BadgerCare Update* describes changes to the federal share reimbursement rates for case management services.

### Federal Share Increases This Year

Effective for claims processed and reimbursed on and after October 1, 2007, the federal share for case management services will increase from 57.47 percent to 57.62 percent.

Wisconsin Medicaid pays only the federal share of the contracted rates for case management services. Case management providers are responsible for the state share. The state share must be paid from nonfederal public funds.

### Contracted Rates Remain Unchanged

The contracted rates for case management services remain unchanged.

The contracted rate is the uniform rate determined by the Department of Health and Family Services and required by the Medicaid state plan.

### Updated Fee Schedule

Refer to the Attachment of this *Wisconsin Medicaid and BadgerCare Update* for the updated Wisconsin Medicaid fee schedule for case management services.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at [dhfs.wisconsin.gov/medicaid/](http://dhfs.wisconsin.gov/medicaid/).

PHC 1250

# ATTACHMENT

## Wisconsin Medicaid Fee Schedule for Case Management Services

Wisconsin Medicaid-certified providers will be reimbursed the rates listed on this schedule for covered services provided to eligible recipients.

This fee schedule contains the following information:

<b>Procedure Code</b>	The procedure code recognized by Wisconsin Medicaid to identify the service provided.
<b>Description</b>	An abbreviated description of the procedure code.
<b>Contracted Rate</b>	The uniform rate determined by the Division of Health Care Financing (DHCF).
<b>Reimbursement (Federal Share)</b>	The federal share of the contracted rate. This is the amount reimbursed per unit by Wisconsin Medicaid.

The fee schedule does not address the various coverage limitations routinely applied by Wisconsin Medicaid before final payment is determined (e.g., recipient and provider eligibility, billing instructions, frequency of services, third-party liability, copayment, age restrictions, prior authorization).

The preceding information is intended to help providers understand the Wisconsin Medicaid fee schedule. For questions about the fee schedule, providers should contact Provider Services at (800) 947-9627 or (608) 221-9883. For questions about rates, providers should contact the DHCF by writing to the following address:

Policy Analyst  
Division of Health Care Financing  
Case Management Services  
PO Box 309  
Madison WI 53701-0309

Wisconsin Medicaid Fee Schedule for Case Management Services				
Procedure Code	Procedure Code Description	Modifier and Modifier Description	Contracted Rate	Reimbursement (Federal Share) On and After 10/1/07
T1017	Targeted case management, each 15 minutes	U1 — Assessment	\$10.82	\$6.23
		U2 — Case planning		
		U3 — Ongoing monitoring and service coordination		
		U4 — Discharge planning		